## **BEST AVAILABLE COPY**

PATENT ADDI ICATION FFF PETERNINATION TO S								l	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									9/753,326				
CLAIMS AS FILED - PART I							•	SMALL	ENTITY	OTHER THAN			
ΓŢ,	OTAL CLAIMS		(Columr	11)	(Column 2)			TYPE		OR	OR SMALL ENTITY		
			<u> </u>					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 355.00	OR	BASIC FEE	·	
TOTAL CHARGEABLE CLAIMS			2 minus 20=		· 8			X\$ 9≈		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =					X40=		OR	X80=		
MI	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					40.5	+-				
* If the difference in column 1 is less than zero, enter "0" in column 2							l	+135=	<del></del>	OR	+270=	854	
CLAIMS AS AMENDED - PART II									<u> </u>	JOR	TOTAL		
	· ·	(Column 1)		(Colur	nn 2)	(Column 3) SMALL			L ENTITY	OR	OTHER SMALL		
AMENDMENT &	0	CLAIMS REMAINING		HIGH		PRESENT			ADDI-	7		ADDI-	
	し / :	AFTER AMENDMENT		PREVIO PAID		EXTRA		RATE	TIONAL	-	RATE	TIONAL FEE	
	Total	. २२	Minus	Z	\$	=		X\$ 9=		OR	X\$18=	FEE	
AM	Independent FIRST PRESE	• 3 INTATION OF MI	Minus JLTIPLE DEI	PENDENT	CLAIM			X40=		OR	X80=		
								+135=		OR	+270=		
								TOTA		OR	TOTAL ADDIT, FEE		
		(Column 1)	T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(Colur		(Column 3)				•	ADDIT. I'EE		
史		CLAIMS REMAINING		HIGH	BER	PRESENT	lΓ	DATE	ADDI-	] [		ADDI-	
AEN	<u></u>	AFTER AMENDMENT		PREVIO PAID		EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
AMENDMENTAR	Total	•	Minus	••		2		X\$ 9=		OR	X\$18=		
AM	Independent FIRST PRESE	NTATION OF MI	Minus	FNDENT	CLAIM	-	I	X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
								TOTAL DDIT. FE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)									· ·	• ′			
8		CLAIMS REMAINING	3,	HIGHI		PRESENT	Γ		ADDI-	1 [		ADDI-	
<b>AMENDMENT®</b>		AFTER AMENDMENT		PREVIO PAID F		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
Q	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	•	Minus	***		=	ı	X40=	<del>                                     </del>	i i	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-		<del> </del>	OR	700=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=	1	OR	+270=	1	
TOTAL													
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE													
												1	